



Bernalillo County Housing Department

1900 Bridge Blvd., SW
Albuquerque, New Mexico 87105
(505) 314-0200
Fax (505) 462-9737



TO: All Applicants
FROM: Betty M. Valdez, Housing Director
DATE: March 26, 2011
RE: **WAITING LIST APPLICATION INSTRUCTIONS**

ATTACHED YOU WILL FIND DIRECTIONS FOR COMPLETING AN APPLICATION FOR OUR HOUSING PROGRAMS.

COMPLETE THE ATTACHED APPLICATION AND BE SURE TO *PROVIDE COPIES* OF YOUR REQUIRED DOCUMENTS LISTED ON PAGE TWO OF THIS APPLICATION AND SUBMIT TO HOUSING.

Please be advised that if your application packet is incomplete, or does not have all the required documentation, your application will not be accepted.

NO MAILED IN OR FAXED APPLICATIONS WILL BE ACCEPTED

2. WAITING LIST STATUS CHECKS:

- Once your application is accepted and added to the computer database, you can expect to receive a letter from us within 10 to 15 business days.
- If you do not get this letter, contact our office. This could indicate a problem with your application.
- When you get your letter stating you've been added to the waiting list, we suggest you contact our office to check your position on the waiting list. If you call sooner, you may not get an accurate listing.
- Your number may fluctuate during your time on the Waiting List due to individual application changes.

3. KEEPING YOUR APPLICATION CURRENT:

- As you spend time on our waiting list, your circumstances may change.
- If you start or stop working, or begin going to school, or become disabled, please report the change in person as soon as possible. This may move you up on the waiting list.
- If you move or have a new phone number, please report the change in person as soon as possible as we need current information to contact you.
- **Please remember that not reporting these changes could affect the amount of time you spend on the waiting list.**

IT IS YOUR RESPONSIBILITY TO MAKE SURE INFORMATION IN YOUR APPLICATION IS CURRENT, ESPECIALLY YOUR MAILING ADDRESS!!

Completed applications will be accepted Monday and Wednesday ONLY
Between the hours of 8:00 a.m. to 4:00 p.m. (No Exceptions)
Phone Number 314-0200



Equal Housing Opportunity

Required Documentation for Completed Housing Application

We require a copy of the following information **on all** Household Members that are listed on your application. (NO ORIGINALS—**COPIES ONLY**) (ALL INFORMATION MUST BE CURRENT)

I. Identification Verification

- A. **Copy of Driver's License or Photo ID for all household members over 18**
- B. **Proof of Birth:** Copy of your Original Birth Certificates or Original Baptismal Certificates, or other acceptable 3rd party verification is required.
- B. **Social Security Numbers:** Social Security Cards, Printout from Social Security Administration.
- C. **Proof of Marital Status:** Marriage License, Divorce, or Separation Papers.
- D. **Proof of Residency:** Only if you or any family members are not citizens, please provide a copy of the individual's Resident and temporary Social Security Number Cards, resident cards, work permit or other legal document to show your residency.
- E. **Proof of Veteran's Status** Copy of your DD214-Discharge Record

II. Income Verification

- A. Current copy of your Social Security, Social Security Disability and/or Veterans **AWARD LETTERS**. (Within 90 days) you may need to request one from the SS office by phone or mail.
- B. **LETTER FROM EMPLOYER**, with **START DATE**, **HOURS WORKED PER WEEK**, **HOURLY WAGE** and **HOW OFTEN PAID**, this information should include any **TIPS** you make.
- C. **TANF Benefits**, please supply printout for **CASH ASSISTANCE** AND **FOOD STAMP** benefits. Contact your local ISD office for a current printout (within 90 days)
- D. **GENERAL ASSISTANCE** (GA) Benefits printout.

III. Preference Verification

This is the way applicants are placed on the waiting list. The higher the points, the sooner you could receive housing. To receive the appropriate preference, you need to be able to provide proof and verification of your circumstances.

Additional documentation will be required for a declaration of a preference. (**SEE ATTACHED LOCAL PREFERENCES**)

LOCAL PREFERENCES:

NOTE: NO MORE THAN ONE PREFERENCE IS GIVEN PER APPLICATION; CHOOSE THE PREFERENCE THAT WILL GIVE YOU THE MOST POINTS THAT YOU CAN BACK UP WITH DOCUMENTATION.

ALL PREFERENCES WILL BE VERIFIED FOR THE ENTIRE TIME AN APPLICATION IS ON THE WAITING LIST.

1. **(3 Point Preference) PT Work & PT School:** To qualify for this preference, the applicant must be in school and work. The combined activities must equal 30 hours a week. For example, if someone is in class 6 hours a week, they must be working at least 24 hours a week. School is defined as higher than high school education or GED.
Required Documentation:
 1. Letter from employer showing #s per week, hourly rate, start date.
 2. School schedule showing the days of the week in class and # of hours.

2. **(4 Point Preference) Disabled, Elderly, FT Employment, Veterans or CYFD transitioning youth:** To qualify for this preference, the applicant must meet one of the following conditions:
 - a. Disabled category:
Required Documentation:
 1. Award letter or current printout from Social Security or the VA or any other documentation that proves 100% disability.
 - b. Elderly category: must be 62 or over
Required Documentation:
 1. Birth certification or baptismal
 - c. Full Time Employment category: Families with at least one adult who is employed at least 30 hours per week. Once this preference type is declared, ***it must be met the whole time the applicant is on the waiting list.***
Required Documentation:
 1. Letter from employer (with hire date, # of hours worked per week, hourly rate and how often paid).
 - d. Veteran category: Applicant must be an honorably discharged veteran or surviving spouse of an honorably discharged veteran.
Required Documentation:
 1. DD214 Discharge Record
 - e. CYFD transitioning youth category: Must be CURRENTLY involved and referred by CYFD, Juvenile Justice or Protective Services and are transitioning out of foster care.
Required Documentation:
 1. Letter from CYFD on CYFD letterhead; CYFD has the actual form letter provided by BCHD.

3. **(5 Point Preference) Displaced by Bernalillo County Code Enforcement (ONLY):** To qualify for this preference, the applicant must be living in a home that has been condemned by Bernalillo County Code Enforcement or the home was lost due to a fire.
Required Documentation:
 1. Copy of the NOTICE TO VACATE issued by BC Code Enforcement.
 2. Copy of fire report.

4. **(7 Point Preference) Federal Disaster Affected Families displaced as a result of a declared federal disaster that are Section 8 Voucher Holders or Public Housing Residents in another jurisdiction.**
Required Documentation:
 1. Paperwork issued by the United States Government (Ex. HUD, FEMA etc.), showing eligibility for assistance.



**Bernalillo County Housing Department
Section 8 and Public Housing Application**

A. Household Information:

Legal Name	Relationship to Head	Sex M/F	Birth Date	Age	SS#	Race Circle One	Ethnicity Circle One	Us citizen legal resident Y/N	Veteran Y/N	Student Y/N
	Head of Household					a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
						a. White b. Black c. Native Amer. d. Asian	a. Hispanic b. Non-Hispanic			
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What is the Head of Household's marital status? (Circle one)

- a. Married (Name of Spouse: _____) b. Never been married
- c. Divorced – Year _____ d. Separated – Months _____ Years _____
- e. Widowed

What is your mailing address?

Street Address i	City	State	Zip

What is your phone #?

Home #	Work #	Message #	Cell #

B. Household Income:

- 1. Employment/self employment: Yes _____ No _____ (letter from employer showing start date, hours worked, hourly wage and how often received):

Name of Household Members who are employed	Monthly gross income/Hourly Rate of Pay	Hours Worked per Week	Company Name	Employment Start Date

2. Social Security: Yes _____ No _____ (proof of benefit) Survivors Benefits: Yes _____ No _____ (proof of benefit)

Name of Household Members who receive Social Security Benefits	Soc. Sec. Amt. per Month	SSI Amt. per Month	SSDI Amt. per Month

3. Other income: Yes _____ No _____ (unemployment, general assistance, child support, TANF)

Name of Household Member(s) who receive income	Type of income	Amt. per Month	Date started

C. Assets:

1. Checking Accounts/Savings Accounts/Bonds/Certificates of Deposits (CDs)/Property that exceeds \$5000 in value: Yes _____ No _____

Name of Household Member with Accounts	Checking/Saving Account Balance	Type of Asset	Bond Amt.	CD Amt.	Property type and value amt.

2. Asset Disposal: Have you or any household member disposed of an asset in the last 2 years? Yes _____ No _____

Name of Household Members who own or have sold asset in the last 2 years	Type of Asset	Value of Asset	Amt owed on Asset

D. Miscellaneous Items:

- Have you, your spouse or any other household member over the age of 18, ever received any type of rental assistance from us or any other housing agency? Yes _____ No _____ If yes, Name/Location of Agency: _____
When: _____
Do you owe \$ to that Housing Agency? Yes _____ No _____ If yes, how much? _____
- Have you or any household members ever been involved in any alleged Criminal or Drug related incidents within the past 5 years? Yes _____ No _____
If yes, Name of Family Member involved: _____
When: _____ Location: _____
Brief Description of what happened: _____

E. Disability Declaration: *THIS IS STRICTLY VOLUNTARY*****

A person with a disability, as defined under federal civil rights laws (24 CFR Parts 8.2, 25.104, and 100.201), is any person who:

- * Has a physical or mental impairment that substantially limits one or more of the major life activities of an individual, or
- * Has a record of such impairment, or
- * Is regarded as having such impairment.

The phrase "physical or mental impairment" includes:

- * Any physiological disorder or condition, cosmetic or disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitor—urinary; hemic and lymphatic; skin; and endocrine; or
- * Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to such diseases and conditions as orthopedic, visual, speak and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" includes, but is not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, breathing, learning, and/or working.

"Has a record of such impairment" means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

"Is regarded as having an impairment" is defined as having a physical or mental impairment that does not substantially limit one or more major life activities but is treated by a public entity (such as a PHA) as constituting such a limitation; has none of the impairments defined in this section but is treated by a public entity as having such an impairment; or has a physical or mental impairment that substantially limits one or more major life activities, only as a result of the attitudes of others toward that impairment.

Does the previous definition of a "disability" describe the situation for your family? Yes _____ No _____

If yes, does that member of your household require a handicapped accessible unit or any other reasonable accommodations? Yes _____ No _____ If yes, please explain: _____

F. Programs you are applying for:

- _____ Section 8/Rental Assistance Program
- _____ Seybold Village/Mobility Impaired Required (South Valley Location ONLY)
- _____ El Centro/Elderly 62 years old and over (South Valley Location ONLY)
- _____ El Centro/UPB 55-61years old (South Valley Location ONLY)
- _____ Family Unification Program (through CYFD ONLY)
- _____ Downtown @ 700-2nd (disabilities or chronically homeless---referrals from designated providers only)
- _____ Renee's Project (referred by Bernalillo County Department of Substance Abuse Program ONLY)

G. Certification:

Section 35(a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine or both to make a false statement or misrepresentation to any department of the U.S. as to any matter within their jurisdiction.

Knowing the penalty for making a false statement under the U.S. Criminal Code, I hereby certify the aforementioned information is a true and full statement.

I understand that filling this application does not guarantee that I will be offered housing assistance.

SIGNED: _____ DATE: _____

Head of Household

SIGNED: _____ DATE: _____

Spouse/Co-Head

OFFICE USE ONLY: Person accepting application: _____

Preference given	Description	Entry Initial	Date Entered on WL

****ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER, MUST FILL OUT THE REQUESTED INFORMATION
& SIGN THE FORM BELOW****

**AUTHORIZATION TO REVIEW RECORDS
(PRIOR CONVICTIONS, ARRESTS OR PENDING CASES)**

TO: All District Attorney's Offices
Attention Records Division

FROM: Bernalillo County Housing Department
1900 Bridge Blvd. SW
Albuquerque, NM 87105
Office (505) 314-0200; Fax (505) 462-9737

I / We, the undersigned, give the representative of the Bernalillo County Housing Department permission to review & obtain copies of all above referenced information on file with the District Attorney's Office on Me / Us.

I / We agree to indemnify & hold harmless Bernalillo County Housing Department, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with the District Attorney's Office.

The Bernalillo County Housing Department request this date pursuant to the Public Records Act.

PRINTED NAME	MAIDEN NAME	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE

DECLARATION OF CITIZEN STATUS (SECTION 214)

NOTICE TO APPLICANTS AND TENANTS:

In order to be eligible to receive the housing assistance you see, you, as an applicant or current recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statements carefully. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____ **FIRST NAME** _____

DATE OF BIRTH _____ **SEX** _____ **SOCIAL SECURITY #** _____

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older
- I have eligible immigration status as checked below
 - Immigrations status under §101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); or
 - Permanent residence under §249 of INA; or
 - Refugee, asylum, or conditional entry status under §207, 208 or 203 of the INA; or
 - Parole status under §212(d)(5) of the INA; or
 - Threat to life or freedom under §243(h) of the INA; or
 - Amnesty under §245 of INA.

(Signature of Family Member)

(Date)

Check her if adult signed for a child:

SOCIAL SECURITY NO: _____

ALIEN REGISTRATION NO: _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

(Attach INS documents(s) evidencing eligible immigration status)

FOR PHA ONLY: INS/SAVE Primary Verification #: _____ Date: _____

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